

2016 Regular Session

HOUSE BILL NO. 754

BY REPRESENTATIVE TALBOT

INSURANCE/HEALTH: Provides for the time of modification of drug coverage by health insurance issuers

1 AN ACT

2 To amend and reenact R.S. 22:1068(D)(1) and 1074(D)(1), relative to modification of drug
3 coverage by health insurance issuers; to provide for the time of modification of such
4 coverage; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1068(D)(1) and 1074(D)(1) are hereby amended and reenacted
7 to read as follows:

8 §1068. Guaranteed renewability of coverage for employers in the group market

9 * * *

10 D. A health insurance issuer may modify health insurance coverage offered
11 to a group health plan if each of the following conditions is met:

12 (1) The modification occurs at the time of coverage renewal. However, this
13 requirement shall not apply to any modification affecting drug coverage.

14 * * *

15 §1074. Guaranteed renewability of individual health insurance coverage

16 * * *

17 D. A health insurance issuer may modify the health insurance coverage for
18 a policy form offered to individuals in the individual market if each of the following
19 conditions is met:

(1) The modification occurs at the time of coverage renewal. However, this
requirement shall not apply to any modification affecting drug coverage.

3 * * *

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 754 Original

2016 Regular Session

Talbot

Abstract: Provides for the time of modification of drug coverage in the group and individual market by a health insurance issuer.

Present law, relative to guaranteed renewability of coverage in the group and individual market, makes modification of health insurance coverage subject to the following conditions:

- (1) The modification must occur at the time of coverage renewal.
- (2) The modification must be approved by the commissioner of insurance and must be effective on a uniform basis among all entities or individuals covered by that health plan. However, modifications affecting drug coverage do not require approval by the commissioner.
- (3) The issuer notifies, on a form approved by the Department of Insurance, each affected covered entity or individual of the modification, including modification of coverage of a particular product or modification of drug coverage, not later than the 60th day before the date the modification is effective.

Proposed law provides that the requirement that the modification occur at the time of coverage renewal shall not apply to any modification affecting drug coverage.

(Amends R.S. 22:1068(D)(1) and 1074(D)(1))